

HOUSEHOLD LETTER

HOUSEHOLD LETTER FOR THE CHILD AND ADULT CARE FOOD PROGRAM (Non-Pricing Adult Day Care Centers) – FFY 2011

Dear Household Member:

The _____ serves nutritious meals without an
(Name of Sponsoring Organization)

additional charge because the center receives added reimbursement for each adult participant whose household income is at or below the level shown on the household size-income scale below. In order to continue this meal service without an additional charge to you, please complete and return the attached application. This information is kept confidential in our files, and is required to determine the appropriate rate of reimbursement under the Child and Adult Care Food Program. If your income is higher than the amount indicated below for your household size, you do not need to complete the application. Once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

(Effective July 1, 2009 to June 30, 2011)

Household Size	Monthly Income Level (at or below)
1	\$1,670
2	2,247
3	2,823
4	3,400
5	3,976
6	4,553
7	5,130
8	5,706
For each Additional Household Member, Add	577

Households with incomes less than or equal to the reduced-price standards would be eligible for free or reduced price meal benefits. The center is eligible for additional reimbursement for meals served to adult participants having household member(s) who become unemployed provided that the loss of income during the period of unemployment causes the household income to be within the eligibility guidelines indicated above.

When eligibility is established by household size and income, a complete application must include: (a) names of all household members including the name of the adult participant; (b) social security number of the adult household member signing the application or an indication of "none"; (c) household income received by each household member identified by source of income; and (d) the signature of an adult member of the household and date signed.

When eligibility is established by Food Stamp (FoodShare Wisconsin) case number, FDPIR, SSI, or Medicaid assistance number, a complete application must include: (a) the name of the adult participant; (b) the appropriate Food Stamp (FoodShare Wisconsin), FDPIR, or SSI or Medicaid assistance number for the adult participant; and (c) the signature of an adult member of the household and date signed. **DO NOT give numbers for Quest Card which is a sixteen digit number.**

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights (Office of Adjudication), 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.

Signature of Sponsor Representative